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ABSTRACT

The paper considers problems in current assessment and evaluation practices with learning disabled students and discusses forces for change. Among the weaknesses noted are inadequate conceptual and definitional frameworks, practitioner bias, and technical inadequacies of currently used norm referenced tests. The authors outline three factors influencing change: move to curriculum based assessment, increased concern for teacher accountability, and better application of research findings in educational practice. (Author/CL)

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II. Computer Simulation Research on the Assessment/Decision-making/Intervention Process

III. Comparative Research on Children Labeled LD and Children Failing Academically but not Labeled LD

IV. Surveys on In-the-Field Assessment, Decision Making, and Intervention

V. Ethological Research on Placement Team Decision Making

VI. Bias Following Assessment

VII. Reliability and Validity of Formative Evaluation Procedures

VIII. Data-Utilization Systems in Instructional Programming

Additional information on these research areas may be obtained by writing to the Editor at the Institute.

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PERSPECTIVES ON ASSESSMENT OF LEARNING DISABLED STUDENTS

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Perspectives on Assessment of Learning Disabled Students

The assessment of children takes many forms; broadly defined it is the process of collecting data for use in making decisions about students. Salvia and Ysseldyke (1978) differentiated five kinds of educational decisions, indicating that assessment data were used in the making of screening, classification/identification/eligibility/placement, instructional planning, pupil evaluation, and program evaluation decisions. Assessment is clearly an ever present activity in educational settings; issues related to the use of assessment data to make decisions about learning disabled students are thereby important.

Specific issues have evolved at each level of data collection and decision making with learning disabled students, and while not unique to the category learning disabled, the issues are especially pronounced when educators make decisions about children thought to have learning disabilities. When screening and classification decisions are made, definitional and conceptual issues are readily apparent, numerous issues regarding the technical adequacy of devices used to collect data are obvious, and we must address the issue of the extent to which decisions may be biased. When data are used to plan instructional interventions, issues of relevance and technical adequacy must be addressed. When data are used to evaluate pupil progress and program effectiveness, issues arise regarding both the nature of data to be collected and the relevance of different reference groups.

This manuscript reviews fundamental critical and complex issues in the use of assessment data to make decisions about learning disabled

students, and concludes with a discussion of several current forces serving to impel change in contemporary assessment and decision-making practices.

Critical Conceptual and Definitional Issues

Schools regularly collect considerable data on the students they serve. When students experience academic and/or social difficulties, school personnel regularly expand their data collection activities for those pupils. The data collected are intended to be useful in making psychoeducational decisions. To the extent that assessment data are irrelevant to decision making, the process is adversely affected.

In spite of numerous attempts to create a more sophistcated disability, LD remains a category of underachievement. Algozzine and Sutherland (1977a) were critical of major components of then current definitions of learning disability. Specifically, they pointed out that psychological disorders articulated in definitions of learning disability were relatively obscure, that ability-achievement discrepancies were unreliable, and that little real evidence existed to support the notion of learning disability as a separate diagnostic category. The arguments made by Algozzine and Sutherland regarding the category "learning disabled" have been made by others (Quay, 1973; Reynolds & Balow, 1972) regarding other categorical labels.

Current practice in categorization of handicapped learners is often logically fallacious. A specific logical fallacy characterizes current identification efforts: the fallacy of an undistributed middle term, also called the fallacy of affirming the consequent.

The Fallacy of an Undistributed Middle Term

In its simplest form, the logical fallacy of an undistributed middle term follows a general paradigm in which a category or set of persons, places, or things (A) covaries or coexists with another set of persons, places, or things (B); a third category or set of persons, places, or things (C) is observed to coexist or covary with set B; set C is assumed identical to set A. Such reasoning is logical if, and only if, the relationship between sets A and B is both universal and specific; that is, when the characteristics in B appear in all (universal), and only (specific) in, unit A. Obviously, this limitation restricts the utility of this form of reasoning. That the fallacy of an undistributed middle term permeates the field of special education and learning disabilities in particular can be readily illustrated.

Disorders or deficits said to be demonstrated by learning disabled students are, for the most part, test-named and test-identified (e.g., auditory sequential memory deficits, figure ground pathology, grammatic closure disorders, body image problems, verbal expression disabilities, and visual association deficiencies). Numerous statements appear in major textbooks and in the professional literature reporting that learning disabled individuals (A) exhibit certain characteristics (B). The nature of the target characteristics controls the ease with which identification occurs; hence, alterations of intellectual criteria for mental retardation or levels of achievement discrepancy in LD result in alterations in prevalence.

That we also engage in the practice of identifying children (C) who demonstrate the characteristics (B) listed in LD textbooks should

be apparent by our affinity for checklists, rating scales, "cut-off score" diagnoses, and profile analyses. Because of the general non-specific nature of those characteristics, we are often able to demonstrate that children do perform like the original individuals on whom the scale or test was "normed." However, since the original relationship is not universal and specific, to a large extent our diagnoses (C is A) are often incorrect and/or unnecessary.

Special educators, then, engage in reasoning that follows a paradigm in which

Disabled persons (A) exhibit certain behaviors (B)

Examinees (C) exhibit identical or similar behaviors (B)

Examinees (C) are disabled persons (A).

We might just as well engage in reasoning that concludes:

Cooters play in the mud

Cecil (an 8 year old LD student) plays in the mud

Cecil is a cooter.[1]

It should be clear that simply doing something that someone else does, does not make you someone else; yet, the "undistributed middle term" in the assessment sequence has contributed to a tremendous lack of clarity and "false positive" identifications.

The Fallacy of Affirming the Consequent

Put another way, identification practices within special education are subject to the "fallacy of affirming the consequent." In its simplest form, the argument follows this logic:

If the statement (A) is true, then a certain result

will be observed (B). Upon assessment, B is observed; it is then concluded that A is true.

If a child is LD, then the child will have certain characteristics. Assessment results suggest the characteristics, and it is concluded that the child is LD.

It is important to note that it is not the truth of the original statement that is at issue but more the fact that it is not specific and universal. That is, it is not specified that the characteristics appear in only and in all LD children; there are clearly other reasons for the presence of the characteristics in questions.

The ramifications of the definitional and conceptual issues underlying assessment of learning disabled youngsters center on the problems of inappropriate or inefficient identification. Hallahan and Kauffman (1978) have suggested that the behavioral and other characteristics of mildly handicapped youngsters overlap (i.e., are not universal and specific) to a large extent. It is not difficult to hypothesize about reasons for that observation when one considers the basis for the identification in the first place (i.e., a logical non-sequitur). Similarly, Hallahan and Kauffman (1978) suggested that categorically differentiated instruction is largely non-existent. In spite of the truth of that contention, differential placements and classifications occur based upon the results of assessment efforts; this is largely due to the anticipated favorable outcome of treatment as opposed to the threat of unfavorable outcomes as a result of identification. One might also hypothesize that the reason professionals are willing to continue "affirming the consequent" is because occasionally the line of reasoning

is correct. Therefore, like any other behavior put on an intermittent schedule of reinforcement, illogical reasoning is particularly resistant to extinction.

Bias Before, During, and After Assessment of LD Students

When making decisions about a group of students who are defined and described in as nebulous a manner as are LD students, one must be concerned with subjective bias. In other words, whenever objective mechanisms for identification are absent, the probability is very high that subjectivity enters the decision-making process.

Much has been written about bias in the making of classification, identification, eligibility, and placement decisions. Ysseldyke (1978a) summarized efforts in psychology to study bias in assessment, concluding that not only have psychologists been unable to agree on models or equations to be used in ascertaining test fairness, but they have been unable to agree on the concept of fairness. Ysseldyke (1978a) observed that educators are now repeating the mistakes made by researchers who have addressed bias, a fact readily observed in current efforts by SEA and LEA personnel to identify the fair test for use with specific groups of students. He observed that bias occurs throughout the decision-making process, and is not restricted to bias in test usage.

The decisions that educators make are hierarchical in nature. School personnel decide who to refer for assessment, they decide who is eligible for service (deciding both the nature or kind and the extent of handicapping condition), they decide where to place students, they decide the nature of intervention to be used (both what to teach

and how to teach), they decide the extent to which pupils are making progress, and they decide whether or not intervention programs are effective. Initial decisions regarding referral and identification are made with an ultimate goal of effective treatment in mind. We would contend that bias occurs throughout the entire decision-making process, prior to assessment, during assessment, and following (or as a result of) assessment. The following sections describe specifically the issue of bias.

Pre-Assessment Bias

A variety of naturally-occurring student characteristics have been shown to influence the formation of negative attitudes toward students. Facial appearance has been shown to influence placement decisions (Ross & Salvia, 1975), has been related to different personal and peer attitudes (Berscheid & Walster, 1974; Salvia, Sheare, & Algozzine, 1975), and has been shown to be a factor in differential teacher-pupil classroom interactions (Adams & Cohen, 1974; Algozzine, 1975). It has been demonstrated that other student characteristics (i.e., race, sex of child, achievement level of older siblings, socioeconomic status) differentially affect the formation and transmission of classroom teachers' expectations (Bergan & Smith, 1966; Brophy & Good, 1974; Carter, 1952; Coates, 1972; Datta, Schaefer, & Davis, 1968; Geisbrecht & Routh, 1979; Jackson & Lahaderne, 1967; Lenkowsky & Blackman, 1968; Lippett & Gold, 1959; Meyer & Thompson, 1956; Miller, McLaughlin, Haddon, & Chansky, 1968; Palardy, 1969; Rubovits & Maehr, 1973; Seaver, 1973).

It also has been demonstrated that behaviors of exceptional children result in differential teacher reactions. For example, Algozzine

(1976, 1977) has shown that behaviors characteristic of emotionally handicapped (EH) youngsters were differentially bothersome to school personnel. Schlosser and Algozzine (1979) have shown that behaviors characteristic of boys were more bothersome than those characteristic of girls, Mooney and Algozzine (1978) demonstrated that behaviors characteristic of LD children were less bothersome than those characteristic of EH children, and Giesbrecht and Routh (1979) found that the most influential category of information in teacher referrals was written comments concerning misbehavior. In seems, then, that even before a child utters one response to a test item, he/she may have the cards stacked unfavorably. The exact nature of this problem has not been specified. One possibility is that different assessment processes may be selected for different types of youngsters, or that examiners may hold preconceived notions about the outcomes of the assessment based upon the child's "characteristics."

Assessment Bias

If bias occurs before the assessment session, it may also occur during data collection and decision making. In fact, the circumstances of the testing, the influence of the examiner on the test results, and observer biases have been studied in this regard; clearly, pre-assessment characteristics may be influential during the evaluation as well.

School psychologists often report that they receive referrals from certain teachers at a disproportionate rate when compared to others; similarly, they tend to base their decisions about the child on such

factors (Hersh, 1971). The student's social class, appearance, parents' involvement in the school, referring teacher, reason for referral, and other similar qualities may result in differential interactions during testing sessions. Masling (1957) provides some evidence that the examiner's behavior during the evaluation may influence the outcome. In that study, two undergraduates were trained to respond in a warm, congenial manner, and a cool, aloof manner; examiners' interpretations of the Rorschach performance of the two subjects were more favorable when they behaved in an accepting (warm) manner; Masling (1957) demonstrated similar results using information, comprehension, and similarities subtests of the Wechsler Scales. Neisworth, Kurtz, Jones, and Madle (1974) found that the diagnosis of hyperkinesis influenced observers' judgments about a child's behavior.

Expectations of an examiner, as cued by seemingly irrelevant characteristics of the testing circumstances and the testee, may be influential in assessment outcomes. These effects have been identified and studied in traditional assessment (i.e., individual interview evaluations) settings as well as in observational studies (cf. Hersen & Bellack, 1976; Stoneman & Gibson, 1978).

Post-Assessment Bias

In addition to bias that occurs prior to and during the collection of data for psychoeducational decisions, considerable bias occurs after the assessment as a function of the label assigned to the child. The labeling issue is relatively straightforward; that is, of concern is what happens to the child as a result of the assignment of a categorical

label. Labeling effects have been studied from two perspectives: (a) the impact of the label on the perceptions and behavior of the child, and (b) the impact of the label on others' perceptions and actions with regard to that child (Algozzine & Mercer, in press). The general effects of labeling have been reported elsewhere (Goffman, 1963; Jones, 1977; MacMillan, Jones, & Aloia, 1974); a specific effect relates to the influence labels have on personal and interpersonal expectancies for success and/or failure.

The label "learning disabilities" has also been shown to be influential in biasing teachers' judgments (or interpersonal expectancies) about children. Interest in the effects of labeling probably stems from the work of Rosenthal and Jacobsen (1968) in which the experimenters attempted to generate differential student performances by biasing teachers. Within this context, the effects of manipulating the learning disabilities label have been investigated in a variety of ways. Experimental studies have compared the LD label to other disabilities labels and have measured the labeling effects in teachers, undergraduate students, and labeled youngsters. Selected investigations in which the LD label has been studied are reported in Table 1. An analysis of the results of these investigations suggests that the LD label transmits negative expectations to teachers and other professionals likely to be working with handicapped children, and the effects of the LD label are somewhat less negative than those of other handicaps (i.e., MR and ED). Within this context, then, LD seems to represent a more acceptable "handicap" than some but it may be thought of as a less preferred label than "normal."

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While many studies have demonstrated that target subjects can be influenced by labels, few have studied the extent to which the labeled child is affected; one is noteworthy in this regard. Sutherland and Algozzine (1979) studied the effects of expectancy transmissions to target subjects and labeled individuals. Undergraduate students were asked to teach normal fourth grade children (labeled as "learning disabled" or "normal") to complete a complex visual-motor task; the actual performances of the children were monitored and served as the dependent measure for the research. Under these conditions, girls labeled and treated as "learning disabled" performed significantly lower than "normal" girls; boys were not similarly affected.

It seems, then, that the learning disability label generates differential expectancies and performances within interpersonal interactions as well as personal performances. Learning disabled children also have been shown to be rejected by their peers and to be recipients of less desirable teacher and peer interactions (Bryan, 1974, 1976, 1977; Bryan & Bryan, 1978). The research on bias following assessment suggests that the LD label is influential in the lives of children who receive it. The effects suggest that this influence goes beyond simply making the child eligible for (and/or providing) special educational treatment.

Technical Adequacy

It has repeatedly been observed (Salvia & Ysseldyke, 1978; Thurlow & Ysseldyke, in press; Ysseldyke, 1973, 1978a, 1978b, 1979; Ysseldyke,

Algozzine, Regan, & Potter, 1979; Ysseldyke & Salvia, 1974) that one of the most critical issues in making psychoeducational decisions for and about LD students is that the standardized tests used are often technically inadequate. Ysseldyke and Salvia (1974) provided a list of reliabilities for commonly used norm-referenced tests, reporting that the majority were technically inadequate. Salvia and Ysseldyke (1978) listed tests with inadequately constructed or reported norms, and tests with inadequate reliability and validity. Ysseldyke, Algozzine, Regan, and Potter (1979) demonstrated that decision makers use inadequate tests as often as they use adequate ones. Decision making is characterized by the use of information derived from technically inadequate tests.

Assessment of "Underlying" Processes or Abilities

The debate over what should be tested and taught within the assessment-intervention paradigm has been around for quite some time (cf. Salvia & Ysseldyke, 1973). It boils down to a decision about what should be evaluated as a basis for effective programming. Ysseldyke and Salvia (1974) have suggested that two competing viewpoints have dominated this controversy; "ability training" and "task analysis" are names they have assigned to each position.

Those who advocate the ability training point of view believe that there are specific abilities that underlie the acquisition of academic skills and that for most children failure to acquire the academic skills is a direct result of ability deficits. The argument goes something like this:

Disabled learners have perceptual problems

The target child has perceptual problems

The target child is a disabled learner.

It is then reasoned that correction of the perceptual problem will result in correction of the learning disability. Some support of this model has been compiled; however, success is clearly doomed to logical bounds.

Those who advocate a task analytic point of view contend that it is not specific abilities that underlie academic success, but more it is specific subskills which underlie academic success. Proponents of this model contend that failure at academic tasks results from failure to learn necessary prerequisite skills. The argument goes something like this:

Students with reading difficulties have skill deficits in reading

The target child has a skill deficit in reading

The target child is a student with reading difficulties.

It is then reasoned that correction of the skill deficits will result in correction of the reading problem. Some support for this model has been compiled; success is again bounded by the logical nature of the argument; that is, the argument is logical if, and only if, the skill deficit is both universal and specific.

Regardless of the position taken relative to current "best practices" in utilizing assessment information to build instructional programs, problems are apparent. Clearly, the more important aspect of assessment is treatment; however, with the problems evident in assessment one wonders why it is not possible simply to provide more effective treatment without the unnecessary inconvenience of a diagnostic evaluation.

New Directions in Assessment Practices

Several forces, going on now, are bringing about or will bring about change in assessment practices and activities. This section describes many of these current forces and the effect they are having or will have on assessment practices.

Increased Accountability at the Level of the Individual

Educational personnel are having to engage in ever-increasing public performance of their duties. The 1960's and early 1970's were characterized as an era of litigation in which parents and organizations of parents brought suit against school systems to challenge intervention decisions made using alleged inappropriate assessment data. Litigation led the way to legislation designed to address problems in a wide scale manner. In section 504 of the Rehabilitation Act of 1973 and in Public Law 94-142 Congress established the right of every handicapped child to a free and appropriate public education. Legislation also mandated increased involvement of parents in the making of decisions for and about their children, individualized education plans, education in the least restrictive environments, due process, and protection in evaluation procedures. Never before have educators had to lay bare so extensively their decision-making practices and to be held so highly accountable for the decisions they make about individual students.

The result of the increased accountability has been two-fold. First, educational personnel now must learn how to operate more visibly in both the public arena and with parents. They must learn to communicate, without using educational jargon, to parents and other non-educators.

Second, changes in assessment practices are readily apparent as those who assess students pay closer attention to the devices, procedures, and activities used. This closer scrutiny most likely results from a combined concern for accountability and a fear of litigation for inappropriate practice.

Decentralization of Special Education Services

During the last two or three years we have witnessed rapid decentralization of special education services. By decentralization, we refer to the detachment of specialists from special education environments and their deployment into support roles. The concept of least restrictive environment leads naturally to this. In the past, assessment activities for the most part served a gatekeeping function. Teachers referred students for comprehensive psychoeducational evaluations for the purpose of ascertaining eligibility for special education services. We witness a series of situations and events that necessitate a movement away from comprehensive evaluation to new roles and activities for those who assess students.

A good example of what we are speaking of is illustrated by current happenings in two of our largest urban school systems. In one of these there is currently a backlog of 16,000 elementary and secondary pupils awaiting evaluation to consider their eligibility for special services. During the month of May, 1979, over 5,000 additional students were referred for evaluation. State guidelines mandate that students must be assessed within 28 days of referral. Ninety-two percent of students assessed are found eligible for special education services.

Simply from a manpower standpoint, diagnostic personnel cannot afford to engage in comprehensive evaluations of students. New ways of working, especially within a preventive sense in regular education environments, are absolutely necessary.

In the previously described school system, special services are centralized, under the control of a central administrative office. There is a strong movement to decentralization. Yet, current practices in another large city give strong evidence of what happens when diagnostic services and special education services are decentralized. Special services in this urban environment are divided into regions. Different services are available across the different regions; different diagnostic practices are evident in the different regions. Inconsistency results, and in an especially mobile society, major problems become apparent when students move from one region to another.

The result of the move toward decentralization is twofold. First, specialists are being deployed in new roles and new activities. They are increasingly being used in support roles and in new structures. Second, we can observe a tremendous increase in the need for simplified diagnostic practices. Schools and those in schools who assess students cannot afford comprehensive psychological evaluations. There is a very apparent need for and move toward very simple, curriculum-based assessment practices like those proposed by Deno and Mirkin (1977), Jenkins, Mayhall, Peschka, and Townsend (1974), Kazdin and Straw (1978), and Lovitt (1977)

Mandated Team Decision Making

Public Law 94-142 mandates team decision making. School systems

across the nation have put into operation procedures for teams of educators to meet in making eligibility decisions and in writing individualized educational plans for students. Yet we observe again a good idea gone awry. There is absolutely no consistency in planning team decision making, neither in the composition of teams nor in the procedures and sequence of activities in which teams engage. Our research at the University of Minnesota Institute for Research on Learning Disabilities has demonstrated that team decision making is utterly confused. Research on psychoeducational decision making is nearly non-existent. We do have a knowledge base derived from research on clinical judgment. That research has sufficiently demonstrated that clinical judgment is imprecise, unreliable, and invalid. Yet, somehow we in education have opted for the belief that pooling judgments will improve reliability.

There is, at this time, no knowledge base to guide those who wish to plan interventions on the basis of pupil performance on tests. Yet, decision makers operate as if such evidence existed. The next section addresses this more intensively.

Increased Examination of the Relevancy of Psychometric Data to Decision Making

For some time educators have made decisions about students on the basis of testimonial evidence. People have used tests simply because others were using them or indicated their worth (an instance of "vicarious validity"). University professors taught their students to administer batteries of tests, to prepare profiles of pupil performances, and to plan interventions based on pupil performance on tests. Within the

last five to seven years, such practices have increasingly been subjected to negative evaluation. Researchers have been unable to derive support for such practices and have repeatedly called this to the attention of practitioners. Practitioners have not always listened.

Cromwell, Blashfield, and Strauss (1975) described the assessment-intervention paradigm, indicating that four factors needed to be considered in evaluating current practice. They labeled the factors A, B, C, and D. Within their paradigm, A refers to etiological information while B refers to data on the current characteristics of the student. C information refers to the intervention used, while D information is prognostic data. Cromwell, Blashfield, and Strauss (1975) report that the only valid diagnostic-intervention paradigm is one that considers all four factors. As diagnostic personnel employ an ABCD model, at the same time they attend much more extensively to the issue of relevancy. The field of special education, in general, has experienced a recent and heavy emphasis on examining the relevancy of data and relating specific etiological factors and characteristics to the kinds of decisions that are made. Researchers have repeatedly emphasized the irrelevancy to instruction of many kinds of data (Salvia & Ysseldyke, 1978). Practitioners have not always listened.

The repeated negative evaluations of the relevancy of norm-referenced data to the making of intervention decisions have resulted and will result more extensively in a movement toward curriculum-based assessment. Yet, as Arter and Jenkins (1977) so aptly point out, there is still a tremendous gap between research and practice.

Increased Attention to "Levels" of Disposition

We witness today a renewed interest in intervention or treatment methodologies, most aptly characterized as concern for levels of disposition. Investigators and practitioners have become more concerned with the level at which treatment should take place. With mildly handicapped students, progress has been very slow, but with severely handicapped students some gains have been noted (Anderson & Greer, 1976).

Illustrative of the way in which research affects practice in this domain is the action taken to treat students with phenylketonuria (PKU). Earlier, research in mental retardation illustrated that a genetic factor interacted with environmental factors to influence development and learning. The research findings had specific relevance to the development of treatment procedures, as well as to assessment practices. Homeopathic disorders (i.e., those in which treatment is directly related to diagnosis) such as PKU also help to reinforce illogical reasoning as previously discussed; after all, the characteristics of that condition tend to be universal and specific.

Increased Efforts to Identify ATIs and to Match Students to Instructional Environments

The intention here is not to review the history of research efforts to identify aptitude-treatment interactions (ATIs). Rather, it is simply noted that such efforts have yet to produce meaningful results. In an earlier review, Ysseldyke (1973) noted that researchers had not yet identified significant ATIs with handicapped students. Still, though, we observe continued attempts to do so. We support such efforts and believe they will increase; if data from norm-referenced

tests are to be useful in intervention planning, aptitude-treatment interactions must be identified.

Summary

Current assessment and evaluation practices are plagued with a number of critical problems. The first section of this paper described those problems. It was observed that the conceptual and definitional foundation for current assessment practices is a relatively weak one, and that practitioners are often biased prior to, during, and after the actual assessment session.

It was noted that currently used norm-referenced tests are technically inadequate for decision-making purposes, and attention was called to questionable practices regarding positions on those behaviors in students that we ought to be assessing and remediating.

The second section of this paper described current forces for change. Fundamentally, what we observe boils down to three important things that will, in our opinion, characterize the immediate future of assessment activities.

First, there is a definite move to curriculum-based assessment. Whereas in the past, assessment activities were primarily carried out for classification, placement, and eligibility decision making, we observe an obvious shift to assessment for the purpose of intervention planning. Mandates for development of IEPs and increased emphasis on serving handicapped students in regular classrooms have contributed to the shift. We expect to see a very rapid increase in direct and frequent monitoring of pupil progress in interventions in regular classrooms.

Second, we are witnessing and will continue to witness increased concern for accountability. Those who assess students will, whether or not they enjoy it, be held responsible for their assessment activities and carry out their activities in ever more public arenas.

Finally, and this may be more wishful thinking than reality, we will observe a better application of research findings in educational practice. Research findings during the last decade have profound implications for the future of assessment activities. To the extent that those findings get applied, the future of assessment is bright. If practice does not change, change in the direction of congruence with research, the future of assessment is bleak.

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Footnotes

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[1]Mere usage of terms to connote a condition should not be interpreted as endorsement of those terms as new labels for the condition.

Table 1

Selected Investigations in which the LD Label was Studied

Investigators	Label(s) Being Studied	Method of Investigation	Target Individual(s)	Results
Foster & Ysseldyke, 1976	LD vs ED vs MR vs N	Hypothetical and videotaped presentations--experimental comparison	Transmission to teachers	More negative expectancies held for MR than for LD or ED; however, all special education categories viewed less favorably than normal one.
Algozzine, Mercer, & Countermine, 1977	LD vs ED	Hypothetical child was portrayed with label appropriate or inappropriate behaviors	Transmission to undergraduate teachers-in-training	Child was viewed more favorably when thought to be learning disabled than when thought to be emotionally disturbed
Algozzine & Sutherland, 1977b	LD vs ED	Hypothetical child exhibiting aggressive behavior was rated in four case studies--Experimental comparison	Transmission to undergraduate teachers-in-training	Child was viewed more favorably when thought to be learning disabled than when thought to be emotionally disturbed.
Jacobs, 1978	LD vs N	Hypothetical and videotaped presentations--Experimental comparisons	Transmission to classroom teachers	Labeled child was rated more negatively than non-labeled (i.e., Normal) one.
Mooney & Algozzine, 1978	LD vs ED	Characteristic behaviors of LD and ED children were rated	Transmission to vocational teachers	Behaviors of LD children were seen as less disturbing and bothersome than behaviors of ED children.
Sutherland & Algozzine, 1979	LD vs N	Experimental study in which undergraduate students taught children labeled as LD or normal	Transmission to undergraduate student and to labeled or non-labeled child for production of effect	Performance of normal fourth grade children was differentially affected by label assigned to them prior to interaction with undergraduate "teacher."

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*As part of its continuation proposal, the Institute was required to prepare these monographs. Because they are part of the proposal, they are not available for general distribution.

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